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FFAS-14
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U.S. DEPARTMENT OF AGRICULTURE
Farm and Foreign Agricultural Services

1. Participant's Name

FSA/RMA FLEXIPLACE PROGRAM PROCESS LIST

The purpose of this list is to assist supervisors and employees in determining if all requirements have been met for the flexiplace program. The list is to be used as a quick reference guide, not as criteria for selection. Supervisors and employees should refer to specific policies and procedures regarding flexiplace.

Check (✓) "Yes" or "No" for each question and add "Comments" to questions as applicable.

PART A - EMPLOYEE PROFILE			
YES	NO	QUESTION	COMMENTS
		2. Performance Rating - Does the employee have at least a fully successful rating or the equivalent?	
		3. Career Status - Does the employee have permanent career status?	
		4. Performance Issues - Does the employee have any current performance issues?	
		5. Motivated Self-Starter - Is the employee motivated, independent, and dependable?	
		6. Keeps Supervisor Updated - Does the employee keep the supervisor informed of current status and any issues related to assigned work?	
		7. Time Management - Does the employee have good time management skills?	
		8. Independent Worker - Is the employee able to work with minimal supervisory guidance and review?	
PART B - CURRENT AND/OR ANTICIPATED WORK PRODUCTS			
		9. Portable/Measurable - Are the employee's work products portable and measurable?	
		10. Customer Service - Can the employee's customer service duties be accomplished in a flexiplace environment?	
PART C - BENEFIT/IMPACT ON AGENCY/UNIT MISSION			
		11. Impact on Work Unit - Will the employee's flexiplace status have little to no effect on the workload of other employees, office coverage, or the mission of the work unit?	
		12. Security - If the employee is using his/her own home computer equipment, can the security of Government information be assured?	
PART D - TYPE OF FLEXIPLACE REQUESTED			
		13. Intermittent - Is the employee requesting the appropriate type of intermittent flexiplace work schedule (short-term, periodic, or recurring) based on his/her work products?	
		14. Long Term - Does the employee requesting long term flexiplace at home need computer equipment and/or supplies and materials?	
		15. Location - Have supervisor and employee discussed best location option (home or telecenter) for his/her job?	

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PART E - APPROVAL AND IMPLEMENTATION PROCESS

YES	NO	QUESTION	COMMENTS
		16. Equipment and Services - Has the employee, if needed, completed the appropriate forms for requesting computer equipment and other services (e.g., phone and related services)?	
		17. ITSD Clearance - If computer equipment is available, has the employee received the equipment at his/her home?	
		18. MSD Clearance - Has the employee's phone services requests, received clearance from MSD?	
		19. Home Safety Checklist - If the employee is working out of their home, has he/she completed form FFAS-7, Flexiplace Home Safety Checklist?	
		20. HRD Clearance - Has the employee's form FFAS-10, Flexiplace Work Agreement been forwarded and cleared by HRD?	
21. Supervisor's Signature		Date	